

# **Rehabilitation Care Line VAMC Houston, Texas**

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## ***Welcome***

Thank you for visiting Rehabilitation Care Line's web site. Our goal is to improve the function, independence, and quality of life for veterans with disabilities. This web site is intended to assist you and your family, and provide answers to some of the most commonly asked questions. Additional information is available from your physician, case manager, nurse, or other healthcare practitioner.



The primary goal of rehabilitation is to help patients regain physical, psychological, and social functioning. This includes recovering skills as well as learning new strategies to accomplish everyday tasks. Rehabilitation Care Line staff will work with each patient and family to develop individual treatment programs that will maximize each patient's potential and enable the veteran to achieve the highest level of independence possible.

Trilok N. Monga, MD  
Rehabilitation Care Line  
Executive

## ***Rehabilitation Care Line Mission***

Rehabilitation Care Line **CARE**s about our veteran patients by providing:

- C**linical practice that optimizes the physical, psychosocial and vocational functioning of veterans and their families;
- A**dministration that fosters shared leadership and the effective, efficient management of resources;
- R**esearch that identifies best practices to advance patient care; and
- E**ducation that promotes patient health and well being, and excellence in healthcare delivery

## ***Rehabilitation Services***

Candidates for rehabilitation services are referred by physicians from outpatient clinics, other services within the Houston VA Medical Center, other VA Medical Centers, and private sector facilities. Services may be provided on an inpatient or outpatient basis. Patients are medically and functionally assessed to determine:



- ♿ impairment
- ♿ activity limitation (disability)
- ♿ participation restriction (handicap)
- ♿ cognitive status
- ♿ prior functional level
- ♿ rehabilitation prognosis
- ♿ goals of therapy
- ♿ intensity of services needed
- ♿ disposition

Following assessment, appropriate therapy services are provided. We also provide rehabilitation therapies to veterans receiving care through Mental Health, Extended Care and Spinal Cord Injury Care Lines.

## ***Rehabilitation Scheduling***

A complete listing of upcoming clinic appointments in Houston, Lufkin and Beaumont may be reviewed at any time by calling the Houston VA Medical Center's Automated Information System at 1.800.454.1062 (toll-free), or 713.794.7648 (greater Houston area).

If you are unable to keep your scheduled appointment, please contact the scheduling clinic or therapist directly, or by calling the hospital operator at 800.553.2278 (toll-free) or 713.791.1414 (greater Houston area). We appreciate your thoughtfulness, and it allows us to schedule an appointment for another veteran.

Additionally, please regularly verify and update your address and telephone listing in your VA healthcare records. We are unable to schedule outpatient clinic appointments if we are unable to contact you.

## ***Rehabilitation Providers***



**Physiatrists** are physicians who specialize in the field of Physical Medicine and Rehabilitation. Physiatrists focus on the treatment of functional deficits caused by a variety of illnesses and injuries. They care for patients who have suffered catastrophic events resulting in brain injury, as well as patients with acute and chronic pain, musculoskeletal problems, joint replacement, amputation, and neurological disorders such as multiple sclerosis, polio, ALS, cerebrovascular accident,

paraplegia, and quadriplegia. More than 4,000 patients are seen annually in Rehabilitation outpatient clinics. These clinics provide follow-up care for previous inpatients, and consultation services for a wide variety of physical complaints such as back pain and joint pain.

**Collaborative Practitioners** include a nurse practitioner, physician assistant and registered nurse case managers. The nurse practitioner and physician assistant provide assistance with rehabilitation patients. They see both new and follow-up patients in our outpatient clinics, determine rehabilitation needs through history and physical examinations, and determine the appropriate setting for inpatients needing rehabilitation services. Rehabilitation Care Line has two registered nurse case managers. The inpatient nurse case manager provides assistance to the patient from the initial assessment through the rehabilitation program until discharge. The outpatient nurse case manager assists with outpatient clinics and is responsible for assessing the functional independence of new stroke, amputee and head injury patients admitted to the HVAMC.

**Physical Therapy (PT)** provides treatment aimed at preventing the onset, or slowing the progression of conditions resulting from injury or disease.

The physical therapist provides services to people who have functional



limitations resulting from back and neck injuries, sprains and strains, fractures, arthritis, burns, amputations, stroke, spinal cord injuries, multiple sclerosis, and injuries related to work and sports. The basic goals of physical therapy are to relieve pain and discomfort, regain movement and promote healing, restore function to the injured body part and to help

people adapt to any permanent physical changes.

**Occupational Therapy (OT)** is skilled treatment that assists individuals to achieve independence and meaning in all facets of their lives. Occupational Therapy teaches people the “skills for the job of living” through individual or group therapy that may include: recommendations for home safety, use of adaptive equipment, patient and caregiver education, strategies and exercises to regain function in order to perform meaningful activities of daily living as safely and independently as possible. Services include skilled assessments, individualized treatment plans, and customized treatment sessions where the individual’s goals guide the treatment process.

**Kinesiotherapy (KT)** utilizes kinesiology, the study of human movement, to design and implement exercise programs to meet the rehabilitative needs of individuals with disease or injury. KT seeks to maximize strength, endurance, coordination and range of motion to enhance an individual’s functional level. They also educate the individual, family members and caregivers about disability and exercise in order to achieve the highest degree of independence and personal satisfaction.

**Therapeutic Recreation (RT)** works to improve a patient’s function and independence while reducing or eliminating the effects of illness or disability. RT assists you with incorporating activities and social interaction



in your life as well as teaching adaptation of activities and equipment, teaching the skills to pursue your interest and how to access community resources.

**Rehabilitation Social Worker** provides a psychosocial assessment of the patient as relevant to the family or significant others. From the assessment, a treatment plan is developed that deals with the crises or disability resulting from the emotional, social, and economic stresses related to the illness or admission.

The social worker's role is to ease the period of adjustment for our patients and their families. The social worker assesses the need for additional services at discharge, and can assist in coping with recovery, the patient's return to the community, and identifying resources to meet the veteran's particular needs.

**Rehabilitation Nursing** provides around-the-clock specialized nursing care to patients admitted to the rehabilitation unit. As our patient, based on your daily needs, the nurses will help you learn how to use equipment, teach you about positioning, about your medicines and pain control, and reinforce daily therapy outcomes. They will teach you and your family how to promote a speedy recovery and how to prevent further health problems during your hospital stay and when you return home.

## ***Rehabilitation Programs***

**Comprehensive Inpatient Rehabilitation.** Our Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) is located on Nursing Unit 2A (second floor, East end of main hospital building). Visiting hours are 11 a.m. to 9 p.m. daily. Children under the age of 15 may visit the rehabilitation unit under adult supervision. Patients are limited to two visitors at any one time.



Patients accepted for admission to the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) are those who have had a recent injury or illness resulting in a functional disability. These

disabilities must have a reasonable expectation for improvement. Patients

must be able to take an active role in the rehabilitation process, and have the physical capacity to tolerate multiple therapies. Common diagnoses include:

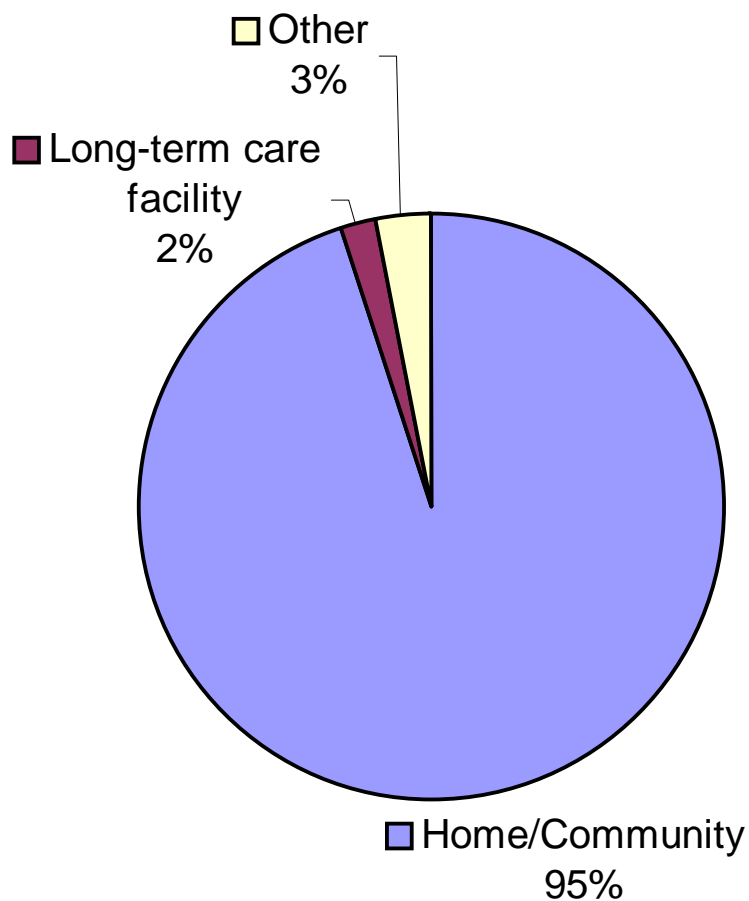
- ✓ stroke
- ✓ coronary artery disease
- ✓ joint replacement
- ✓ back and neck surgery
- ✓ amputation
- ✓ traumatic brain injury
- ✓ fractures

Our CIIRP continues to outpace other VA and private sector facilities. The CIIRP excels in various outcomes measures used by the Uniform Data System for Medical Rehabilitation (UDS-MR). Our average length of stay (how long patients stay in our inpatient rehabilitation program) continues to be below the national average for both private sector facilities and other VA Medical Centers. For the past year, our lengths of stay averaged:

Diagnosis	Houston VA Medical Center	Other VA Medical Centers	Private Sector Rehabilitation Facilities
Stroke	18 days	22 days	19 days
Cardiac	12 days	12 days	14 days
Orthopedics	10 days	12 days	12 days
Amputations	15 days	18 days	16 days
Brain dysfunction	13 days	28 days	20 days

The overall functional improvement that our veterans achieve is also compared with other rehabilitation programs. In comparison, we obtain particularly good functional improvements with veterans who have suffered amputations, and with orthopedics patients. In 2002, 95% of our patients returned to their home or community after discharge.





We continuously review our successes and examine where we can improve our inpatient rehabilitation efforts to best serve our nation's veterans.

**Preservation, Amputee Care, and Training (PACT)** is a unique VA program for veterans at risk of lower limb loss. Patients with chronic circulatory or metabolic conditions are managed in order to reduce the incidence of amputations.

**Disabled Driver Assessment and Training** is a specially funded VA program for veterans with disabilities, designed to provide professional evaluation and instruction in specific skills and techniques needed to effectively drive a motor vehicle. Instruction includes the safe, utilization of

special add-on equipment if needed. Assistance with Department of Motor Vehicle licensing issues and decisions regarding vehicle selection, vehicle modifications, and adaptive driving controls are provided.

## ***Other Rehabilitation-related Services Available to Veterans***

**Electroneurodiagnostic Studies (EMG/NCS).** In the Electrodiagnostic Lab, a staff electromyographer and two senior residents perform more than 900 EMG and nerve conduction studies annually. The major diagnoses include: radiculopathy, peripheral neuropathy, nerve entrapment, plexopathy and myopathy.

**Audiology and Speech Pathology** provides a full range of diagnostic and rehabilitative services for patients with communication and swallowing disorders. It also includes basic hearing testing, screening, counseling, and hearing aid device assistance. These specialists provide a full range of diagnostic and rehabilitation programs for patients with communication and swallowing disorders. They also provide hearing screening, basic testing, counseling, and hearing aid device assistance.

**Prosthetic Treatment Center** issues prosthetic and orthotic items and provides basic instruction to you and your family. **Prosthetic and orthotic** equipment is provided to eligible veterans to assist them in their activities of daily living. Medically necessary home health care equipment and training may be provided through approved contractors. Each patient has an assigned prosthetics representative. One-time **Home Improvement & Structural Alterations (HISA)** grants of up to \$4100 may be made to qualifying veterans for home improvements such as access ramps and bathroom modifications to assist in mobility and functional independence.

**Support Groups** provide educational materials, information regarding community resources, and emotional support for veterans who have had

amputations or strokes. You and your family are encouraged to share your experiences with other survivors at these meetings.

The **Stroke Support Group** is held on the 2nd and 4th Thursdays of the month from 3 p.m. to 4 p.m. in the rehab dining room. For more information, contact Tomasita Gonzalez, LMSW, at ext. 5254 or Laura Lawhon, RKT, at ext. 4241.

The **Amputee Support Group** is held on the 1st and 3rd Thursdays of the month from 3 p.m. to 4 p.m. in the rehab dining room. For more information contact Betty Baer, OTR, at ext. 4193, or Roger McDonald, RKT, at ext. 4218.

Other support groups meet at various times and locations throughout the hospital. Contact your social worker for details.

*Note:* Other physicians, specialists, staff, and services are available as needed. Your treatment team will advise you if other services are consulted. Please speak to your physician, case manager, or other healthcare practitioner if you feel other services are needed.

## ***Patient Satisfaction***

- Rehabilitation Care Line patients participate in the VA's national Survey of Healthcare Experiences of Patients (SHEP).
- In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that patients complete and return the SHEP questionnaire. Your answers help ensure that all veterans receive the highest quality care they have earned and so richly deserve. Your individual responses are strictly confidential and will not be shared with VA staff or affect your VA care. Summary information is used in our performance improvement efforts.

- If, for any reason, you feel the care you have been provided is less than “excellent”, please advise your provider or the area supervisor so we may take immediate steps to resolve your concerns. We wish to continue to exceed your expectations.

### ***Your Rights as Our Patient***

- The Houston VAMC has an obligation to ensure that you and your family are made aware of all benefits to which you are entitled. Our social worker can review financial information, alternative resources, and advanced directives or "living wills" with you.
- You have the right to rehabilitation evaluation and treatment as medically indicated, regardless of race, creed, sex, national origin, source of payment for care, or discharge disposition.
- If you have a complaint or concern, please speak with your resident physician, therapist, nurse, or social worker. If you feel the issue was not resolved, please speak with your attending physician, the nurse manager, or the supervisor of rehabilitation therapies. If the issue remains unresolved, you may request to speak with the Rehabilitation Care Line Executive.
- If, after using the “chain of command,” you feel the issue is still unresolved, you may speak with a Patient Advocate in Consumer Affairs. The Ethics Committee addresses allegations of unethical conduct, should they arise.

### ***Your Responsibilities as Our Patient***

- To ensure the best possible outcome for you, you should make every effort to attend all scheduled therapies.

- To participate in rehabilitation, you need to be alert and able to concentrate. You should not use illegal drugs or alcohol while in the hospital; otherwise, you may be discharged.
- You may only smoke in designated areas outside the hospital. **You may not smoke in the building.** If you consistently miss therapies for "smoke breaks," you may be discharged.
- We expect you to treat fellow patients and staff with respect. Abusive behavior will not be tolerated.
- We require that you read and sign the Patient Agreement.

### ***Financial Responsibilities and Insurance Coverage***

- The VA Medical Center will not deny medical care to eligible enrolled veterans.
- Your ability to pay a portion of your health care expenses will be based on your service-connected rating and the results of an annual means test. Your health insurance may cover the cost of any co-payments.
- You will not be denied care if you do not have the ability to pay any co-payments.

If you have questions about co-payments, hospital charges or insurance billing, you may contact the Medical Care Cost Recovery (MCCR) staff.

### ***Code of Ethical Behavior***

- All HVAMC staff will perform their duties in an ethical and professional manner consistent with the VA's Core Values of Trust, Respect, Commitment, Compassion and Excellence.

- Clinical decision-making is based on identified patient healthcare needs regardless of how compensation or financial risk is distributed or assigned to leaders, managers, clinical staff, and licensed independent practitioners.
- Patients will be provided appropriate and uniform level of care and treatment without regard to race, national origin, gender, religion, social status or sexual orientation.
- Patients will be provided accurate, meaningful and understandable information about their care and treatment.
- The presence or lack of third party insurance will have no bearing on an eligible patient receiving health care.
- Emergency care will be provided on a humanitarian basis to all individuals independent of their ability to pay for services rendered and even if they are not eligible veterans.
- Veterans seeking admission and meeting admission criteria who have third party insurance or managed care coverage will not be denied needed services or care due to denial of payment by the third party.
- Assignment of patients to a level of care will be based solely on medical needs with each patient treated as a unique individual in accordance with current medical practices. Patients with the same needs will receive a uniform level of care.
- If a patient requires transfer to another facility, the following conditions will be met prior to transfer: the patient will be in stable condition; accurate and complete information will be provided to the transfer facility; the transfer facility must accept the patient for care; and the patient will participate in the process to the best of his/her ability.

- The discharge process will be a coordinated effort to facilitate a patient's movement to another level of care. The patient and/or family will be involved in that process and will have the right to choose the least restrictive discharge environment in which their medical needs can be met. Care will not be terminated due to denial of payment by a third party payer.
- Patients will have access to protective services which may include guardianship, advocacy services, conservatorship, and various state agencies as applicable which are designed to protect the patient from hazardous living conditions, exploitation, or loss of their rights. Independent assessments may be provided to ensure the patient's best interests are met. Upon request patients will be given lists of pertinent client advocacy groups or information regarding their right to file a complaint within the Federal or state sectors.
- Marketing materials will contain no misleading information concerning HVAMC services, quality, outcomes and charges.
- Veterans, their dependents and survivors have a right and need to know the benefits to which they are entitled and the services that are available.
- Veterans who meet the requirements for being billed will only be charged for services and care received. Bills will reflect dates of service and services provided. A veteran otherwise eligible for care will not be denied such care due to unpaid medical bills such as pharmacy co-pay.
- When a patient or payer has a question about a charge, the patient or designee may contact Fiscal Section, Medical Care Cost Recovery (MCCR) staff who will provide a timely review of the patient's concerns, clarify any misperceptions and correct any identified errors.

- Licensed independent practitioners and clinical staff receive no financial incentives for services provided, but rather they are assessed and evaluated on the quality of care they provide. Additionally, there is no financial risk sharing among these practitioners related to utilization of services.
  
- Contractual relationships with suppliers, vendors and contractors will be established according to federal law, VA regulations, and Acquisition & Materiel Management (A&MM) procedures.
  
- Relationships with community organizations, healthcare providers, educational institutions, and other parties will be established in a fair and equitable manner, free of conflicts of interest and preserving the integrity of all parties.

This information is a summary of Medical Center Policy Memorandum No. 11-012, Code of Ethical Behavior

### ***Academic Affiliations***

Baylor College of Medicine <a href="http://www.bcm.tmc.edu">www.bcm.tmc.edu</a>	University of Texas Health Science Center at Houston <a href="http://www.uthouston.edu">www.uthouston.edu</a>
Texas Woman's University <a href="http://www.twu.edu">www.twu.edu</a>	University of Houston <a href="http://www.uh.edu">www.uh.edu</a>
Texas A&M University <a href="http://www.tamu.edu">www.tamu.edu</a>	University of Louisiana at Monroe <a href="http://www.ulm.edu">www.ulm.edu</a>
University of Texas Medical Branch at Galveston <a href="http://www.utmb.edu">www.utmb.edu</a>	Colorado State University <a href="http://www.colostate.edu">www.colostate.edu</a>



University of Southern California <a href="http://www.usc.edu">www.usc.edu</a>	Houston Community College <a href="http://www.hccs.cc.tx.us">www.hccs.cc.tx.us</a>
Tomball College <a href="http://www.nhmccd.edu">www.nhmccd.edu</a>	

## ***Accreditation***

**CARF... the Rehabilitation Accreditation Commission** is the internationally recognized accreditation authority for rehabilitation. Their purpose is to develop current standards that organizations can use to assess their programs and improve the quality of services provided to persons with disabilities. This accreditation process allows the public to identify rehabilitation organizations that meet internationally recognized standards for rehabilitation. The HVAMC's Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) is accredited by CARF.  
[www.carf.org](http://www.carf.org)

## ***Tell Me More About ...***

### **Occupational Therapy (OT)**

Occupational Therapy developed as a profession during World War I, as the need to rehabilitate disabled soldiers, as well as civilian patients, was recognized. Through the years many veterans have benefited from Occupational Therapy services in a variety of ways. Occupational Therapists employed at the Houston VA Medical Center must have a bachelor's degree in Occupational Therapy and maintain certification through the National Board for Certification in Occupational Therapy Inc. OTs are also licensed through the State of Texas. At the Houston VA Medical Center you will find Occupational Therapists working in inpatient

and outpatient rehabilitation, Spinal Cord Injury, home care, Mental Health and Extended Care.

An Occupational Therapist evaluates your ability to do daily activities, offers suggestions for safety and recommends adaptive equipment. OTs may show you ways to accomplish tasks such as tying shoes with one hand, taking a shower and dressing yourself after hip surgery, using a computer with a mouth-stick, cooking with special, adapted devices, or gardening with energy-saving techniques. Occupational Therapists will also work with those who may need to assist you, such as members of your family or your caregiver.

In mental health, OTs help generate healthy interests and behaviors. They may recommend ways to improve your life skills, manage your time, plan your day and be more organized. They use a variety of techniques and tailor activities to a person's needs, interests and abilities. Treatment objectives are focused on interpersonal relationships and social behaviors that are gratifying, rewarding and most important ... growth stimulating.

If you have a particular problem with your hand or arm, Occupational Therapists, working with hand surgeons, may fabricate custom splints. They will design a rehabilitation program specifically for you to help you recover and restore the ability to use your injured arm or hand. They also will teach you an exercise program to complete at home.

So what is Occupational Therapy? Occupational Therapy promotes independence and function and helps you do your life activities to the best of your ability, despite trauma or illness.

To continue educating the public, Occupational Therapy Month is celebrated annually in April.

## **Kinesiotherapy (KT)**

The unique discipline of Corrective Therapy began in 1943 as corrective physical reconditioning units. These units were established during World War II to hasten the return of urgently needed combat troops to active duty following injury. Corrective Therapists, as a result, became a part of the United States Armed Forces' rehabilitation effort.

Starting in 1946, Corrective Therapy became a part of both the psychological and physical aspects of rehabilitation for hospitalized veterans within the VA system. Since that time, Corrective Therapy has expanded into both the public and private sectors.

In 1987, Corrective Therapy was renamed Kinesiotherapy to better reflect its role as a provider of therapeutic exercise. Kinesiotherapists have a Bachelor of Science Degree from a participating university.

Today, Kinesiotherapists (KTs) utilize kinesiology, the study of human movement, to design and implement exercise programs to meet the rehabilitative needs of individuals with disease or injury. KT's seek to maximize strength, coordination and range of motion to enhance an individual's functional level. They also educate the individual, family members and caregivers about disability and exercise in order to achieve the highest degree of independence and personal satisfaction.

At the Houston VA Medical Center, Kinesiotherapists provide services in the following areas: Cardiac Rehabilitation, Aquatic Therapy, Driver Rehabilitation, Spinal Cord Injury, Transitional Care Center, inpatient and outpatient rehabilitation and home care. To continue educating the public, Kinesiotherapy Week is celebrated annually the second week of May.

## Wheelchair Safety for Users

*The following information was taken from  
<http://www.vanguardhme.com/WheelchairSafety.htm> and  
<http://members.cruzio.com/~yogi/whchair.htm#safety>.*

The majority of wheelchair injuries result from falls due to shifting body weight away from the wheelchair's center of gravity, which creates an imbalance. Shifting position by bending, reaching or transferring in and out of the wheelchair changes both the weight distribution and the center of gravity of the occupied wheelchair.

Pay particular attention to the following precautions:

- Always point the casters (front wheels) in the forward position before leaning forward. To do this, move the wheelchair forward, and then reverse it in a straight line.
- Always make sure that both wheels are fully locked and both footrests are raised up before getting into or out of the wheelchair.
- When leaning forward, *never* extend your shoulders or chest any further than the forward position of the armrests.
- Never tilt a wheelchair without assistance.
- Don't pull backward on doors or other objects when sitting in a manual wheelchair. A door may suddenly release, and you may tip over backward.
- Don't put heavy loads on the back of a manual wheelchair. It may make the wheelchair tip over backward.
- Beware of caster flutter, which is the rapid side-to-side motion of the caster. This usually happens at high speed, such as when going downhill. It can throw you forward out of the chair. If your casters flutter, get them fixed.

- Always make certain wheelchair arms are locked securely before using the wheelchair.
- When folding or unfolding the wheelchair, keep fingers and hands clear of any moving parts.
- *Never* lift your buttocks (even partially) from the seat to reach forward when your feet are on the footrests.
- *Never* attempt to retrieve objects from the floor by reaching down between your knees.
- Reach backward with caution. Do not activate the wheel locks when reaching backward or reaching over the backrest.
- Check for proper footrest length adjustment. The knees and hips of the user should be at approximately the same level. An adjustment that is too short will raise the individual's knees and cause excessive weight to be born by the buttocks. An adjustment that is too long will result in a line of pressure under the thigh, at the front edge of the seat upholstery.

Following these precautions will maximize your safety and prevent injury.

## ***Tips on Health and Wellness***

### **Be a Wise Consumer**

- ✓ Learning about your options is essential.
- ✓ Knowing when to seek emergency care is vital.
- ✓ Ask about counseling and support group services.



- ✓ When you visit your physician, take your list of questions.
- ✓ Update your personal medical history.
- ✓ Know your allergies, your blood type and your medications.
- ✓ Follow the directions on the medication label. Don't take other people's medications.
- ✓ Ask about medications and food interactions.
- ✓ Obtain an Advance Directive and be aware of your options about organ donation.
- ✓ Make your wishes known to your physician and your family.

## **Avoid Risky Behaviors**

- ✓ Stop using tobacco products of any kind.
- ✓ Use alcohol in moderation and never drink and drive.
- ✓ Get plenty of rest before driving. Pull over if you get sleepy.
- ✓ Lower your fat and cholesterol intake.

## **Goals for Lowering Your Cholesterol**

*Why is it important to have a normal cholesterol level?* A high cholesterol level is a controllable risk factor and lowering your cholesterol also lowers your risk of having a heart attack or stroke.

*What does the term "total cholesterol" mean?* The term "total cholesterol" refers to the total amount of the different kinds of cholesterol in your blood, LDL cholesterol and HDL cholesterol. "LDL" stands for low-density lipoprotein. LDL cholesterol is the "bad" cholesterol. "HDL" stands for high-density lipoprotein. HDL cholesterol is the "good" cholesterol.

*Why is LDL called the "bad" cholesterol?* LDL is called the "bad" cholesterol because it can cause a buildup of fat and cholesterol in the walls of your blood vessels. If your LDL has been high for many years, this buildup can clog the arteries to your heart or brain. The arteries may be partly or totally blocked. The medical word for this blockage is "atherosclerosis." Clogged arteries to the heart can cause a heart attack. Clogged arteries to the brain can cause a stroke.

*Why is HDL called the "good" cholesterol?* HDL is called the "good" cholesterol because it helps remove cholesterol from your body, reducing your risk of heart attack and stroke. Regular exercise is a good way to increase your HDL level. A HDL level higher than 60 is the best

*What are normal cholesterol levels?*

Total cholesterol level less than 200

LDL cholesterol level less than 130

HDL cholesterol level higher than 35 for men and 45 for women

Total cholesterol level 200 to 239 is a borderline level. *"Borderline" is used because levels of 200 to 239 are close to being high.*

Total cholesterol of 240 or above is a high level.

LDL level 130 to 159 is a borderline level.

LDL level 160 or higher is a high level.

*What should my LDL level be?* If you have heart disease, your LDL goal is less than 100. Individuals without heart disease should maintain LDL less than 130, but the lower the LDL the better.

*How can I reduce my LDL and total cholesterol levels?* Eating a low-fat, heart-healthy diet is a good start. Try not to eat fatty cuts of beef and pork.

Eat more chicken, turkey and fish. Drink fat-free milk instead of whole milk. Avoid other high-fat dairy foods like cheese, butter and ice cream. Avoid fried foods. Avoid packaged foods – like crackers, cookies, pies, and cakes. Eat a lot of fresh fruits and vegetables.

*What about taking a drug to reduce my cholesterol level?* If you stay on a low-fat diet for three to six months but still have not reached your goal, you may need medicine to reduce your cholesterol level. When you take a cholesterol-lowering medicine, try to take it every day at about the same time. The drop in your cholesterol level caused by the drug lasts only one or two days after you stop taking the medicine. Be sure to tell your doctor about any changes in your body that might be a side effect from the medicine. Also, talk to your doctor if you are worried about taking the medicine.

If the cholesterol medicine does not help reduce your LDL level enough after several months of treatment, your doctor may increase the dose. Changing to a different cholesterol medicine can also help.

Another way to make the cholesterol medicine work would be to add a second medicine to your treatment. Your doctor can try different treatments to find which one works for you. Even if you are taking a medicine to lower your cholesterol, it's still important to follow a heart-healthy diet.

*Where can I find more information about the treatment of high cholesterol?* Ask your doctor where you can find information on cholesterol. Your library may have books on high cholesterol and heart disease. The Web sites of the National Heart, Lung, and Blood Institute and the American Heart Association have good information. Their web addresses are <http://www.nhlbi.nih.gov> and <http://www.americanheart.org>

**This information is adapted from the  
American Academy of Family Physicians  
patient education materials.**



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## **Tips for Cutting Cholesterol**

Remember the following:

- ✓ Eat less fat if you want to lower your cholesterol levels. Meat (especially organ meat and non-lean meat), eggs, cream, cheese, saturated cooking fat, butter, ice cream, whole milk, creamy salad dressings, and pastries, such as cake or cookies, should be a limited part of your diet.
- ✓ Read the ingredients on packaged foods. Avoid foods that list any of these as the first ingredient: lard, beef fat, or hydrogenated oil.
- ✓ Find the "% Daily Value column" on the label and avoid food that has more than 15 percent total fat.
- ✓ Six ounces of meat or seafood a day is plenty. Six ounces is about the size of two decks of playing cards.
- ✓ Choose lean cuts of meat round steak, flank steak, hamburger with 10% or less fat and ground turkey.
- ✓ To boost your "good" cholesterol, lose that extra weight, exercise more often and quit smoking.



## **Benefits of an Active Lifestyle**

A recent report of the Surgeon General on physical activity and health supports what many have

believed for a long time: Physical activity does not have to be strenuous to achieve health benefits.

For some people, exercise does not mean going to a gym. Many people prefer to build an effective exercise program around the house, through gardening or housework. Others bike or walk regularly. Some take the stairs at work. It's important to pick activities that you can enjoy and work into your daily routine.

For others, the gym is indeed the place to be: building muscle mass through weight training, or burning calories and increasing aerobic capacity through aerobic dancing or step aerobics.

According to the Surgeon General's report, physical activity improves health in the following ways:

- ✓ Reduces the risk of dying prematurely.
- ✓ The risk of dying from heart disease.
- ✓ Reduces the risk of developing diabetes.
- ✓ Reduces the risk of developing high blood pressure.
- ✓ Helps reduce blood pressure in people who already have high blood pressure.
- ✓ Reduces feelings of depression and anxiety.
- ✓ Helps control weight.
- ✓ Helps build and maintain healthy bones, muscles and joints.



- ✓ Helps older adults become stronger and better able to move about without falling.
- ✓ Promotes psychological well-being.

For those who do not feel up to a gym, walking can be good exercise. Find your spouse, a friend, child, the family dog, or a set of headphones and get out and walk. Overall, it is the best daily exercise for most people.

## Special Messages for Special Populations

**Older Adults.** No one is too old to enjoy the benefits of regular physical activity. Of special interest to older adults is evidence that muscle-strengthening exercises can reduce the risk of falling and fracturing bones and can improve the ability to live independently. Early studies also show that exercise helps prevent memory loss.



**Parents.** Parents can help their children maintain a physically active lifestyle by providing encouragement and opportunities for physical activity. Family events can include opportunities for everyone in the family to be active. Turn off the television and turn on the walks, sports or swimming.

**Teenagers.** Regular physical activity improves strength, builds lean muscle and decreases body fat. It can build stronger bones to last a lifetime.



**Dieters.** Regular physical activity burns calories and preserves lean muscle mass. It is a key component of any weight loss effort and is important for controlling weight.

**People with High Blood Pressure or Diabetes.** Regular physical activity helps lower blood pressure and blood sugar.

**People Feeling Anxious, Depressed or Moody.** Regular physical activity improves mood,

helps relieve depression, and increases feelings of well being.

**People with Arthritis.** Regular physical activity can help control joint swelling and pain. Physical activity of the type and amount recommended for health has not been shown to cause arthritis.

**People with Disabilities.** Regular physical activity can help people with chronic, disabling conditions improve their stamina and muscle strength and can improve psychological well-being and quality of life by increasing the ability to perform activities of daily life.

## ***Research and Development***

Rehabilitation Care Line and the Rehabilitation Research and Development Program supports, encourages, and carries out clinical and basic science research directed toward the advancement of the art and science of medical rehabilitation. Current research efforts include robotics, telemedicine and leg ulcers, and upper extremity strengthening.

## ***Helpful Telephone Numbers***

Rehabilitation Care Line Administration .....	713.794.7117
NU 2A Rehabilitation Nursing Station .....	713.794.1414, ext. 4025
Rehabilitation Inpatient Case Manager .....	713.791.1414, ext. 6931
Rehabilitation Social Worker .....	713.791.1414, ext. 5254
Rehabilitation Therapies	
Kinesiotherapy .....	713.794.7816
Occupational Therapy .....	713.794.7793
Physical Therapy .....	713.794.7192
Therapeutic Recreation .....	713.791.1414, ext. 6366
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Medical Center Operator .....	713.791.1414
.....	800.553.2278
VA Network Telecare Center .....	713.794.8985
.....	800.639.5137
Automated Information System .....	713.794.7648
.....	800.454.1062
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Admissions Office .....	713.794.7109
Audiology and Speech Pathology .....	713.794.7112
Chaplain Section .....	713.794.7125
Consumer Affairs .....	713.794.7883
DAV Transportation Office .....	713.794.7198
Eligibility .....	713.794.7288
Ethics Consultations .....	713.794.7011
Home Based Primary Care .....	713.794.7110
Information Desk .....	713.794.7191
Library and Patient Education Resource Center .....	713.794.7856
Medical Care Cost Recovery (MCCR) .....	713.794.7796
Pharmacy Refills .....	713.794.7648
Prosthetics Treatment Center .....	713.794.7189

VA Police.....713.794.7106